CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Ronell	Date Received
	NICKNAME LAST SUFFIX	
	Smrth	RECEIVED
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	100
MAILING	PO BOX 764	APR 2 6 2019
ADDRESS Change of Address	Collevulle, 1x 76034	
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	OFFICE OF CITY SECRETA
OFFICEHOLDER PHONE	(817) 991-2006	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST MI	Receipt # Amount \$
TREASURER NAME	Mrs. Izachel	Date Processed
	NICKNAME LAST SUFFIX	Date Imaged
- 1122 - 11	SMH	-
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
ADDRESS	1908 Doules cont sugarile	allo,TX 76092
(Residence or Business)	,	·
11.4444.400.000		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(972) 249 5736	
9 REPORT TYPE		
	January 15 30th day before election Runoff	15th day after campaign treasurer appointment
	July 15 Sth day before election Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year Month	Day Year
COVERED	04/04/19 THROUGH 04/	26/19
	·	
11 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year Primary Runoff Other Description	
	05/09/19 General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known	n)
	CHY CO	uncil
		vvi al I
	GO TO PAGE 2	
1		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	DS			15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN 1	REASURER NAME	
		COMMITTEE CAMPAIGN	TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTI ES, LOANS, OR GUARAN	ONS OF \$50 OR LESS (OTHER TH ITEES OF LOANS), UNLESS ITEMI	HAN S MA
		POLITICAL CONTRIB THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS)	\$ 2,400
EXPENDITURE TOTALS		POLITICAL EXPENDITUR S ITEMIZED	RES OF \$100 OR LESS,	\$ 50.00
	4. TOTAL	POLITICAL EXPENDIT	rures	\$ 2,732,29
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF THE LAST	\$ 1,350.98
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$
18 AFFIDAVIT				
A SE	VERONICA LON Notary Public, State Comm. Expires 06-2 Notary ID 12901	of Texas 27-2020		perjury, that the accompanying report is formation required to be reported by me
			Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE	_		
		by the said <u>R6N6</u>		, this the _26
day of Arri	, 20	to certify which, withe	ess my hand and seal of office	ı.
U. Loma	۵	V-Lo.	nas	Notary
Signature of officer a	dministering oath	Printed name of	officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Files	r ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,400
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	10NS \$2,731.28
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIE	BUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 527.28
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 100.00 State; Zip Code 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID# Date Amount of contribution (\$) 0.00 Employer (See Instructions) manage Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 250,00 State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) 00.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 4 Date 4,100 City; State; Zip Code Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID# Full name of contributor Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Revised 9/8/2015

MONETA	RY POLITICAL CONTRIBUTIONS	SCHEDULE A1
		1 Total pages Schedule A1:
	struction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)
FILER NAME	Rnell Smith	7 Amount of contribution (\$)
Date 5	Full name of contributor Out-of-state PAC (ID#: Out-	[OU.00
	South (all 1'exas 9 Employer (See Inst	ructions)
Principal occupa	Developed Terra	<u>DFW</u>
Date	Full name of contributor) Amount of contribution (\$)
6407.19	Mark Willamsm Contributor address; City; State; Zip Code	100.00
	SOUTHAND TX Employer (See Ins	structions)
Principal occup	pation / Job title (See Instructions)	
	Full name of contributor	Amount of contribution (\$)
O4.10.19	Full name of contributor. Lanney Contributor address; City; State; Zip Code	100.00
	Southlabo Texas	potructions)
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	Histiacions)
Date	Full name of contributor Out-of-state PAC (ID#: Oand Loesch City; State; Zip Code	Amount of contribution (\$)
04.16	South lake TX	Instructions)
Principal oc	cupation / Job title (See Instructions) Employer (See	io host
l ——I.	e Dang Snow	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

onsulting Expense ontributions/Donations Made By	Gift/Awards/Memorials Expense F	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political Co edit Card Payment	The Instruction Guide explains l	how to complete this form.	
Total pages Schedule F1: 2	FILER NAME \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mil	3 Filer ID (Ethics Commission Filers)
59,19,19	Payee pame Dot	Yintr Code	
Amount (\$) 7	Payee address; City; State; Zip		
1,109	M M I V I M V J J Z	nedule) (b) Description	
	a) Category (See Categories listed at the top of this sch	Check if travel	outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	prints on maile	Check if Aus	tin, TX, officeholder living expense
		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		
Date	Payee name	O V	
GU,25,19	Pavee address; City; State; Zi	Prints	
Amount (\$)	Payee address; City; State; 2	p Code	
1,100	Southlalb 1	X	
	Category (See Categories listed at the top of this so	chedule) Description Check if trave	outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Printing Th	Check if Au	stin, TX, officeholder living expense
	Waill		Office held
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office field
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	Zip Code	
	Category (See Categories listed at the top of this	schedule) Description	Consolida Sobodillo I
PURPOSE OF EXPENDITURE			vel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	office held
Oxponente o to to		O OF THE COUEDING E AC	NEEDED
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	Revised 9/8.

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatio

Event Expense Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gitt/Awards/Memorials Expense Gitt/Awards/Memorials Expense Legal Services Frinting Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Officeholder/Political Comr	The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers)
Total pages comers	FILER NAME
TOTAL OF UNITEMIZED	DEXPENDITURES CHARGED TO A CREDIT CARD \$ 10,85
Date 6	Payee flame Duck
Amount (\$) 8	Payee address; City; State; Zip Code
8,50	Smthlall
TYPE OF EXPENDITURE	Political Non-Political
0 (a)) Category (See Categories listed at the top of this schedule) (b) Description Check it travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Colfee Check if Austin, TX, officeholder living expense
EXPENDITURE	meet n souts
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Data	Payee name
Date 9,18,19	Stapuno
Amount (\$)	Payee address; City; State; Zip Code
2,33	SMITTAROTIX
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF Expenditure	Coffee to Check if Austin, TX, officeholder living expense
EXPENDITORIE	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought
	- COUEDINE AC NECDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 9/8/

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Accounting/Banking Consulting Expense Contributions/Donations Made By	Fees Office Overhead Travel In District Food/Beverage Expense Polling Expense Travel In District Gitt/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor
Candidate/Officeholder/Political C	The Instruction Guide explains how to complete this form.
Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 90.44
	6 Payee name
14.22.19	STORULU/ 2. Pouse address: City: State; Zip Code
Amount (\$)	8 Payee address; City; State; Zip Code
2.65	Soft Make 1/
TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Coffe M Med W Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXI ENDIVOVE	Office hold
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought
04, 22, 19	Payee name Thumb
Amount (\$)	Payee address; City; State; Zip Code
87,79	Southlake / 1×
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Smack dunks by Control Check if Austin, TX, officeholder living expense
EXPENDITURE	meet to carchial
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/	ОН
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 9/8.
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (poter a category not listed above)

Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER-NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date 8 Payee address: Zip Code TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Posts & zip to Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date City; State: Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Event Expense Travel In District Advertising Expense Accounting/Banking Fees Food/Beverage Expense Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILERIVAN 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name State; 7 Amount (\$) Non-Political 9 Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. 10 Check if Austin, TX, officeholder living expense the symphes PURPOSE OF EXPENDITURE Office held Office sought Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Non-Political TYPE OF Political EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense PURPOSE OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

Advertising Expense Accounting/Banking	Fees Pol	lling Expense	Travel In District Travel Out Of District Travel Out Of District
Consulting Expense	Gift/Awards/Memorials Expense Sa	nting Expense laries/Wages/Contract Labor	Other (enter a category not listed above)
Contributions/Donahors Made by Candidate/Officeholder/Political Com	mittee Legal Services The Instruction Guide explains ho	ow to complete this form.	3 Filer ID (Ethics Commission Filers)
11.54. 2	FILERNAME		3 Filer ID (Ellinos San
lotal pages School	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A CREDIT CARD	\$ 1734
TOTAL OF UNITEMIZE	D EXPENDITURES CHARGED TO	JACREDIT OATE	12.3
	Payee name		
Date	Starpual	n Code	
Amount (\$)	Payee address; City; State; Zi	p C C C C C C C C C C	
1.17	Spatmano		
U 11		Non-Political	
TYPE OF EXPENDITURE	Political	schedule) (b) Descrip	otion
10	a) Category (See Categories listed at the top of this		ck if travel outside of Texas. Complete Schedule T.
PURPOSE	Coffee on Meet 1	□ Che	ck if Austin, TX, officeholder living expense
OF EXPENDITURE	う)		
		Office sought	Office held
11 Complete ONLY if direct	Candidate / Officeholder name	Office sough	
expenditure to benefit C/OF			
Date	Payee name Would		
Amount (\$)	Payee address; City; State;	Zip Code	
Amount (4)	Ca. 1/1/1/10-	Toxa	
6.1 (Sure in Layy	1000	
TYPE OF	Political	Non-Political	
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	Category (See Categories listed at the top of	(Ins scriedale)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE	2 Coffee An meet n gn		Check if Austin, TX, oniceriology many
OF EXPENDITURE	meat 1 9	uets	
			Office held
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C	·On		
\			_
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE	AS NEEDED
	ATTACH ADDITIONAL COPI	ES OF THIS CONTE	Revised 9/8
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers
1 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 14.46
5 Date 04,11,19	Buon Gibrno
Amount (3) 3.81	8 Payee address; City; State; Zip Code Small May Code
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	I Candidate / Officeholder name Office sought Office held H
Date 04,19,19	Payee nambro box
Amount (\$)	Payee address; City; State; Zip Code Sunfrahusco, CA
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Git/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Oniceriolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 21,39
5 Date 04.15.19	Buon GIONNO
7 Amount (\$)	8 Payee address; City; State; Zip Code STATION OF THE PROPERTY OF THE PROPERT
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Color Check if Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
64,15,19	Payee name BUON GIOYNO
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) COFFEE Check if Laustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	Revised 9/8/2